



APPLICATION FOR ADMISSION

(5401 W 20th Street) PO Box 69, Greeley, CO 80632 (970) 330-8008
260 College Avenue, Fort Lupton, CO 80621 (303) 857-4022
104 E Fourth Street, Loveland, CO 80537 (970) 667-4611
www.aims.edu

PLEASE PRINT
No Fee Required

FULL LEGAL NAME: Last _____ First _____ Middle _____

 AIMS ID _____ Other names used previously at Aims _____

_____ Social Security Number (SSN)
 Your Social Security Number is collected for reporting purposes under Section 484 of the Higher Education Act and Section 6109 of the Internal Revenue Code. It will not be used as your primary identifier, and will not be used in any public way.

ADDRESS (Street, Apt # and/or PO Box) _____
 CITY _____ STATE _____ ZIP CODE _____
 COUNTY _____ SCHOOL DISTRICT _____ E-MAIL ADDRESS _____
 TELEPHONE: Evening (____) _____ Day (____) _____
Area Code Area Code

Male
 Female
 (Voluntary information to be used for Federal and State reporting)

DATE OF BIRTH – month, day, year _____
 AGE: _____ (If under 16, special permission for admission is required. Please contact the Admissions Office.)

American Indian
 Black
 Asian/Pacific Islander
 Hispanic
 Caucasian
 (Voluntary information to be used for Federal and State reporting)

U.S. Citizen? Yes No. If not a U.S. Citizen: visa permanent resident other (explain) _____
Provide a photocopy of your visa or Permanent Resident Card ("green card")
 NOTE: If you are in the U.S. on any type of visa, you must contact the International Student Advisor in the Admissions Office in Greeley.

When will you start at Aims?
 20____ Fall Spring Summer

Home Campus (Where you will register)
 Greeley Ft. Lupton Loveland

To comply with the law, males the age of **17 yrs 9 months** to **26 yrs** must register with Selective Service ("military draft").
 Have you registered with the Selective Service?
 Yes No If no, state reason: _____

Please select the academic program best suited to meeting your objective. (Check only one box, please.)

AA: Associate of Arts – Liberal Arts major. Directed Area of Study (optional): _____
 AS: Associate of Science – Liberal Arts major. Directed Area of Study (optional): _____
 AAS: Associate of Applied Science – Specific major (required): _____
 Occupational Certificate – Specific major (required): _____
 AGS: Associate of General Studies – Liberal Arts major (Must sign contract; See Student Success Center for details.)
 College coursework only (no degree). Area of interest: _____

Attendance Plans:
 Part Time (less than 12 credits per term) or Full Time (12 credits or more per term)? Part Time Full Time

Please indicate the primary reason you want more education now. (Check only one box, please.)

Transfer for further education Prepare for a change in my job or field of work
 Prepare for a first job Adult general interest
 Upgrade or certification of knowledge or skills for current job Other

Highest education level attained:

Did not graduate from High School Currently in High School High School Graduate Received GED Occupational Certificate Associate Degree Bachelors Degree Masters or higher

Circle one:
 AA AS AAS AGS _____

OFFICE USE ONLY

R C N
 Ina Cont New

LTA _____
 Is LTA CE only?
 Y N

Prev. App. Date: _____

Student Age
 "RU" Hold?

Ethnicity
 I
 B
 A
 H
 W

Citizen
 Y N

"RV" Hold?

ExpTerm _____
 Campus: G F L
Selective Service
 "RD" Hold?

AA _____
 AS _____
 AAS _____
 CERT _____
 AGS _____
 NONE _____

SGASTDN: P F

Education Goal
 TR NJ
 FJ PI
 CJ X

Education Level
 LHS C09-C12
 HS GED
 1 AA AS AAS
 AGS 4 5

COMPLETE FOR COLORADO RESIDENCY CLASSIFICATION. Failure to do so will result in your being classified as Out-of-State for tuition purposes. You must answer ALL questions to be considered for In-State Residency. Answer "NA" if not applicable. The college may request supporting documentation by the student at any time. If not provided or not consistent with information supplied, residency classification may be changed to Out-of-State and tuition assessed retroactively. Recipients of financial aid funds may also be liable for repayment of funds received.

- Age _____ (If under 22 and unmarried, use column A; If 23 or older, use column B; If 22 but not yet 23, use both A & B)
 If married and under 23, marriage date _____ (If married at least one year ago, use column B; otherwise, use both A & B)
 If emancipated, use column B & attach Proof of Emancipation.

	<u>Column A</u> Answers below apply to my: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian (court-appointed) (Provide proof of guardianship)	<u>Column B</u> Answers below apply to: ME (the student) (Reminder: If emancipated, must provide proof of emancipation)
Dates of continuous physical presence in Colorado	____/____/____ to ____/____/____ Month Day Year Month Day Year	____/____/____ to ____/____/____ Month Day Year Month Day Year
Dates of any extended absence from Colorado in past 12 months	____/____ to ____/____ Month Year Month Year	____/____ to ____/____ Month Year Month Year
Last 2 years of State Income Tax Returns filed	Tax Year: _____ State(s): _____ Tax Year: _____ State(s): _____	Tax Year: _____ State(s): _____ Tax Year: _____ State(s): _____
Last 2 years of employment or source of income	Employer: _____ State: ____/____ to ____/____ Month Year Month Year	Employer: _____ State: ____/____ to ____/____ Month Year Month Year
Date current Colorado Driver's License or ID was issued. Also, provide license or ID number	Month & Year: ____/____ New <input type="checkbox"/> Renewal <input type="checkbox"/> # _____	Month & Year: ____/____ New <input type="checkbox"/> Renewal <input type="checkbox"/> # _____
Last 2 years of Colorado Motor Vehicle Registration	Month & Year: ____/____ Month & Year: ____/____	Month & Year: ____/____ Month & Year: ____/____
Date of Colorado Voter Registration (mo/yr)	Month & Year: ____/____	Month & Year: ____/____

Current work status: Working: Full Time Part Time, 1 to 9 hours/week Part Time, 10 to 35 hours/week
 Unemployed, looking for work Unemployed, not looking for work

Prior Education:
 Current or last High School or GED: _____ City & State: _____
 Date graduated from High School or earned GED: (month/year) _____
 Prior College transferring from: _____ City & State: _____

Are you concerned about any of the following? (Check all that apply.)
 Being ready for college level courses Adequate financial resources
 Choosing a program or courses Work schedule conflicts
 Choosing a career Child care availability

What are your attendance plans?

Will you attend only one term?
 Yes No
 Will you attend only night classes?
 Yes No

Have either of your parents earned a 4-year degree? Yes No

I certify that to the best of my knowledge the information I have provided on this form is true and complete without evasion or misrepresentation. If I am under age 18, I authorize access to my educational records by my parents or legal guardians until I reach the age of 18 or until I revoke access via letter to the registrar. Requests to view my educational records must be in writing.

 Student Signature Date

In regard to this student, who is my child under the age of 18, I hereby certify my consent for:
 1. him/her to be tested and to enroll in classes at this college,
 2. Aims Community College to issue and permanently record grades issued to him/her by college instructors,
 3. Aims Community College to hold me liable for tuition, fees, and any other charges accrued by him/her pursuant to admission and enrollment at Aims Community College,
 4. Aims Community College to hold me responsible for his/her behavior according to college code, and
 5. Aims Community College to allow him/her unrestricted access to the library, Internet, computer resources, and college events.

 Parent Signature (for students under age 18) Date Print Name of Parent or Guardian signing

IMMUNIZATION: Aims Community College does not require (but strongly encourages) immunization for measles or other diseases prior to admission. Students are urged to consult their personal health providers regarding potential health risks.

OFFICE USE ONLY

In-District
(1)

Out-District
(2)

Out-State
(3)

WUE
(W)

(Attach WUE App)

Employment
 F M P
 L N

SOAHSCH

HS or GE

SOAPCOL

SGAUSDF
Element 1
 1 4
 2 5
 3 6

Element 2: Y N

Element 3: Y N

Element 4: Y N